

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

WILLIAMSON FOR U S CONGRESS

ADDRESS (number and street)

7349 N Via Paseo Del Sur

Ste 515-233

Check if different  
than previously  
reported. (ACC)

Scottsdale

AZ

85258-3749

2. FEC IDENTIFICATION NUMBER ▼

C

C00500199

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

AZ

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer W John Williamson

Signature of Treasurer

W John Williamson

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 20

Write or Type Committee Name

WILLIAMSON FOR U S CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	683.09	4335.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	683.09	4335.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	2797.85	6400.92
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	2797.85	6400.92
8. Cash on Hand at Close of Reporting Period (from Line 27).....	512.51	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	5059.41	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 20

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**WILLIAMSON FOR U S CONGRESS**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
04 / 01 / 2014

To:

M M / D D / Y Y Y Y  
06 / 30 / 2014

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

1000.00

(ii) Unitemized.....

83.09

155.00

(iii) TOTAL of contributions from individuals ▶

83.09

1155.00

(b) Political Party Committees.....

0.00

2000.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

600.00

1180.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

683.09

4335.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

1500.00

2150.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

1500.00

2150.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

2183.09

6485.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 20

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2797.85	6400.92
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	2797.85	6400.92

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1127.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2183.09
25. SUBTOTAL (add Line 23 and Line 24).....	3310.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2797.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	512.51

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 20

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WILLIAMSON FOR U S CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>W John Williamson</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 6480 N 82nd St., Apt. 205		<b>Transaction ID : SA11D.4376</b>	
City Scottsdale	State AZ	Zip Code 85250	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C H2AZ05132		Loan from candidate	
Name of Employer Phoenix Union High School Dist	Occupation Teacher		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2100.00		
<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		M M / D D / Y Y Y Y	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		M M / D D / Y Y Y Y	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		M M / D D / Y Y Y Y	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		M M / D D / Y Y Y Y	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		600.00	
<b>TOTAL</b> This Period (last page this line number only).....		600.00	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 20

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**WILLIAMSON FOR U S CONGRESS**

Full Name (Last, First, Middle Initial)

**W John Williamson****A.**

Mailing Address 6480 N 82nd St

Apt 205

City

Scottsdale

State

AZ

Zip Code

85250

FEC ID number of contributing  
federal political committee.**C** H2AZ05132

Name of Employer

Phoenix Union High School Dist

Occupation

Teacher

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2014

**Transaction ID : SA13A.4367**

Amount of Each Receipt this Period

750.00

Loan to campaign committee, check #918

Full Name (Last, First, Middle Initial)

**W John Williamson****B.**

Mailing Address 6480 N 82nd St., Apt. 205

City

Scottsdale

State

AZ

Zip Code

85250

FEC ID number of contributing  
federal political committee.**C** H2AZ05132

Name of Employer

Phoenix Union High School Dist

Occupation

Teacher

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2014

**Transaction ID : SA13A.4370**

Amount of Each Receipt this Period

750.00

Loan from candidate, personal check #925

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

1500.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WILLIAMSON FOR U S CONGRESS**

Full Name (Last, First, Middle Initial)

**A. WILLIAMSON FOR U S CONGRESS**Mailing Address 7349 N Via Paseo Del Sur  
Ste 515-233City State Zip Code  
Scottsdale AZ 85258-3749Purpose of Disbursement  
Internet 6, LLC monthly charge for domain hosting for website

001

Category/  
Type

Candidate Name

**WILLIAMSON FOR U S CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2014

Amount of Each Disbursement this Period

15.95
-------

Transaction ID : SB17.4363

**B. WILLIAMSON FOR U S CONGRESS**Mailing Address 7349 N Via Paseo Del Sur  
Ste 515-233City State Zip Code  
Scottsdale AZ 85258-3749Purpose of Disbursement  
payment to Sign Here Petitions, LLC

001

Category/  
Type

Candidate Name

**WILLIAMSON FOR U S CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

750.00
--------

Transaction ID : SB17.4364

**C. WILLIAMSON FOR U S CONGRESS**Mailing Address 7349 N Via Paseo Del Sur  
Ste 515-233City State Zip Code  
Scottsdale AZ 85258-3749Purpose of Disbursement  
payment to Sign Here Petitions, LLC

001

Category/  
Type

Candidate Name

**WILLIAMSON FOR U S CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

750.00
--------

Transaction ID : SB17.4369

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1515.95

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WILLIAMSON FOR U S CONGRESS**

Full Name (Last, First, Middle Initial)

**A. WILLIAMSON FOR U S CONGRESS**Mailing Address 7349 N Via Paseo Del Sur  
Ste 515-233City State Zip Code  
Scottsdale AZ 85258-3749Purpose of Disbursement  
Internet 6, LLC--domain hosting for May

001

Category/  
Type

Candidate Name

**WILLIAMSON FOR U S CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

15.95
-------

Transaction ID : SB17.4371

**B. WILLIAMSON FOR U S CONGRESS**Mailing Address 7349 N Via Paseo Del Sur  
Ste 515-233City State Zip Code  
Scottsdale AZ 85258-3749Purpose of Disbursement  
Balance due to SIGN HERE PETITIONS for signature-gathering on  
nomination petitions

001

Category/  
Type

Candidate Name

**WILLIAMSON FOR U S CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

1140.00
---------

Transaction ID : SB17.4377

**C. WILLIAMSON FOR U S CONGRESS**Mailing Address 7349 N Via Paseo Del Sur  
Ste 515-233City State Zip Code  
Scottsdale AZ 85258-3749Purpose of Disbursement  
Internet 6, LLC, monthly payment for domain hosting for website

001

Category/  
Type

Candidate Name

**WILLIAMSON FOR U S CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

15.95
-------

Transaction ID : SB17.4380

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1171.90





**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 10 OF 20

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4261

WILLIAMSON FOR U S CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

W John Williamson

[PERSONAL FUNDS]

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

7349 N Via Paseo Del Sur  
Ste 515-233

City

State

ZIP Code

Scottsdale

AZ

85258-3749

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 17 / 2012

Date Due

M M / D D / Y Y Y Y  
none

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 11 OF 20

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4262

WILLIAMSON FOR U S CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

W John Williamson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

7349 N Via Paseo Del Sur  
Ste 515-233

City

State

ZIP Code

Scottsdale

AZ

85258-3749

Original Amount of Loan

300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 18 / 2012

Date Due

M M / D D / Y Y Y Y  
none

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

300.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 12 OF 20

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4289

WILLIAMSON FOR U S CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

W John Williamson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

7349 N Via Paseo Del Sur  
Ste 515-233

City

State

ZIP Code

Scottsdale

AZ

85258-3749

Original Amount of Loan

150.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 23 / 2012

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

150.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 13 OF 20

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4307

WILLIAMSON FOR U S CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

W John Williamson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

7349 N Via Paseo Del Sur  
Ste 515-233

City

State

ZIP Code

Scottsdale

AZ

85258-3749

Original Amount of Loan

50.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
02 / 03 / 2013

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4359

WILLIAMSON FOR U S CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

W John Williamson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6480 N 82nd St., Apt. 205

City

State

ZIP Code

Scottsdale

AZ

85250

Original Amount of Loan

750.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

750.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 29 / 2014

Date Due

M M / D D / Y Y Y Y  
none

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

750.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4367

WILLIAMSON FOR U S CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

W John Williamson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6480 N 82nd St  
Apt 205

City

State

ZIP Code

Scottsdale

AZ

85250

Original Amount of Loan

750.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

750.00

**TERMS**

Date Incurred

M M / D D / Y Y  
04 19 / 2014

Date Due

M M / D D / Y Y  
none

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

750.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4370

WILLIAMSON FOR U S CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

W John Williamson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6480 N 82nd St., Apt. 205

City

State

ZIP Code

Scottsdale

AZ

85250

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

750.00

0.00

750.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
05 10 / 2014

M M / D D / Y Y Y Y

D D / Y Y Y Y

none

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

750.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4212

WILLIAMSON FOR U S CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

WILLIAMSON FOR U S CONGRESS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

7349 N Via Paseo Del Sur  
Ste 515-233

City

State

ZIP Code

Scottsdale

AZ

85258-3749

Original Amount of Loan

1200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1200.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 15 / 2012

Date Due

M M / D D / Y Y Y Y  
none

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1200.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4319

WILLIAMSON FOR U S CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

WILLIAMSON FOR U S CONGRESS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

7349 N Via Paseo Del Sur  
Ste 515-233

City

State

ZIP Code

Scottsdale

AZ

85258-3749

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 07 / 2013

Date Due

M M / D D / Y Y Y Y  
none

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4321

WILLIAMSON FOR U S CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

WILLIAMSON FOR U S CONGRESS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

7349 N Via Paseo Del Sur  
Ste 515-233

City

State

ZIP Code

Scottsdale

AZ

85258-3749

Original Amount of Loan

9.41

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9.41

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 13 / 2013

Date Due

M M / D D / Y Y Y Y  
none

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

9.41

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 20 OF 20

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4350

WILLIAMSON FOR U S CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

WILLIAMSON FOR U S CONGRESS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

7349 N Via Paseo Del Sur  
Ste 515-233

City

State

ZIP Code

Scottsdale

AZ

85258-3749

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
02 / 26 / 2014

Date Due

M M / D D / Y Y Y Y  
none

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

**TOTALS** This Period (last page in this line only)..... ►

5059.41

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.